

IN THE \_\_\_\_\_ JUSTICE COURT  
MARICOPA COUNTY, STATE OF ARIZONA

Case Number: \_\_\_\_\_

\_\_\_\_\_  
Plaintiff Employer

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
Authorized Agent Requesting Relief

\_\_\_\_\_  
Address

\_\_\_\_\_  
Relationship of Agent to Employer

\_\_\_\_\_  
City, State, Zip Code, Telephone

**PETITION FOR  
INJUNCTION  
AGAINST  
WORKPLACE  
HARASSMENT**  
☐ **MODIFIED**

1. The relationship of the defendant to the Person(s) harassed is: \_\_\_\_\_

Name of person harassed if known: \_\_\_\_\_

2. Harassment means a single threat or act of physical harm or damage or a series of acts over any period of time towards the employer or any person who enters the employer's property or who is performing official work duties that would cause a reasonable person to be seriously alarmed or annoyed. List the harassment by the Defendant (be as specific as possible, giving the date or approximate date for each action):

Date(s)	Describe what happened
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3. Is there or has there been any court case or court order with similar conduct involving the parties listed above?

☐ No ☐ Yes: If known: date, name of court, facts of case:

4. If the Court does not grant your request today, without notice to the Defendant, what serious harm may occur:

5. I ask this Court to order the Defendant not to commit an act of harassment against me and/or persons named below and/or against my property AND make the following Order(s) (list which orders you want):

☐ Order the Defendant not to contact me: ☐ in person; ☐ by phone; ☐ in writing; ☐ \_\_\_\_\_

**DESCRIPTION OF DEFENDANT**

SEX	RACE	DATE OF BIRTH	HEIGHT	WEIGHT	EYES	HAIR	SOC. SEC. NO.
_____	_____	_____	_____	_____	_____	_____	_____

The following persons should be included within the protection of this Order for the following reasons:

Name and Work Address if different than yours or plaintiff employer (do not include yourself)	Relationship to you or plaintiff employer	Reason(s)
Name: _____ Work Address: _____	_____	_____
Name: _____ Work Address: _____	_____	_____
Name: _____ Work Address: _____	_____	_____
Name: _____ Work Address: _____	_____	_____
Name: _____ Work Address: _____	_____	_____
Name: _____ Work Address: _____	_____	_____
Name: _____ Work Address: _____	_____	_____
Name: _____ Work Address: _____	_____	_____
Name: _____ Work Address: _____	_____	_____

☐ Order the Defendant not to come on or near:

☐ Place of employment (Name and Address): \_\_\_\_\_

☐ Other address: \_\_\_\_\_

☐ Other requests: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employer or Agent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer's Name

## VERIFICATION

I swear or affirm that the contents of this Petition are true to the best of my knowledge.

\_\_\_\_\_  
Employer or Agent's Signature

SUBSCRIBED AND SWORN to before me: \_\_\_\_\_  
Judicial Officer/Clerk/Notary Date